

Known or Suspected Occupational Disease Report

(Information will be held confidential as prescribed in Act.)

EMPLOYEE AFFECTED

Name (Last, First, Middle)	Age	Sex M F	Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other	
Street	City		State	Zip
Home Phone Number	Social Security Number			

CURRENT EMPLOYER

Current Employer Name	Worksite County			
Worksite Address	City		State	Zip
Business Phone	If Known, Indicate Business Type (products manufactured or work done)			
Number of Employees <input type="radio"/> < 25 <input type="radio"/> 25-100 <input type="radio"/> 100-500 <input type="radio"/> > 500				
Employee's Work Unit/Department	Dates of Employment From: _____ To: _____ Mo Day Year Mo Day Year			
Employee's Job Title or Description of Work				

ILLNESS INFORMATION

Nature of Illness or Health Condition (Examples: Headache, Nausea, Difficulty Breathing, Cough, etc.)		Date of Diagnosis _____ Mo Day Year
Suspected Causative Agents (Chemicals, Physical Agents, Conditions)	Did Employee Die? Yes <input type="radio"/> No <input type="radio"/>	If Yes, Date of Death _____ Mo Day Year
If Physician, Indicate Clinical Impression for Suspected Occupational Disease, or Diagnosis of Confirmed Occupational Disease		

ADDITIONAL COMMENTS

REPORT SUBMITTED BY

If Report Submitted by Non-Physician, Did Employee See a Physician? <i>If yes, record information below.</i>				
		Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>
Physician's Name	Phone			
Office Address	City	State	Zip	
Name of Person Submitting Report	Physician <input type="radio"/> Non-Physician <input type="radio"/>			
Address	City	State	Zip	
Signature	Phone		Date	

The Michigan Department of Labor and Economic Growth is an equal opportunity, affirmative action employer, service provider and buyer.

Return completed form to:

Michigan Department of Labor and Economic Growth
Michigan Occupational Safety and Health Administration
Management and Technical Services Division
7150 Harris Drive, P.O. Box 30649
Lansing, MI 48909-8149